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appropriate. All further indicated unless correcte maintenance fee notifica	correspondence includir ed below or directed oth tions.	ng the Patent, advance on herwise in Block 1, by (a	rders and notification of a) specifying a new corre	maintenance fees was pondence address;	vill be mailed to the curren and/or (b) indicating a sep	t correspondence address as parate "FEE ADDRESS" for	
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20995 7590 12/14/2007				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/873,339 06/05/2001 Timothy P. Barber 1DATA.077A 4133 TITLE OF INVENTION: ONLINE MACHINE DATA COLLECTION AND ARCHIVING PROCESS							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0	\$1740	03/14/2008	
EXAM	INER	ART UNIT	CLASS-SUBCLASS	7			
SHINGLES, KRISTIE D		2141	709-201000	-			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up t or agents OR, alternat (2) the name of a sing registered attorney or 2 registered patent att	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Knobbe, Martens, Olson & Bear, LLP			
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) TeleCheck Services, Inc. HOUSTON, TX							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🔲 Corporation or other private group entity 🛄 Government							
4a. The following fee(s):	are submitted: No small entity discount p # of Copies	permitted)	Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 1 1 − 1 4 1 (Jenclose an extra copy of this form).				
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Authorized Signature Typed or printed name	John E	. King			-17-07 lo. 34,362		
Typed or printed name							